

**MEDICAL BOARD OF CALIFORNIA****LICENSING PROGRAM**

1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2382 FAX: (916) 263-2567
www.caldocinfo.ca.gov



APPLICATION CHECKLIST FOR REGISTRATION AS A SPECTACLE LENS DISPENSER (SLD)

Prior to filling out the application, please review [California Business and Professions Code sections 2559.1-2559.6](#) as they pertain to a SLD.

- ☐ \$75 registration fee. (Make checks payable to Medical Board of California.)
- ☐ Most current application completely filled out, signed and notarized.
- ☐ If using a PO Box for your address of record, you must also include a confidential street address.
- ☐ Copy of a processed live scan form (or two fingerprint cards completely filled out and \$66 processing fee).
- ☐ Ensure proper 3.5" x 5" photo is attached (white background is required).

NOTE: DIGITAL, COMPUTER-GENERATED, PHOTOCOPIES, POLAROIDS CAN NOT BE ACCEPTED.

If Applicable:

- ☐ If ABO exam was taken in another state, you must contact ABO (800-296-1379 or 703-719-5800) to request your scores be sent directly to the Board. (NOTE: If the exam was taken in California but the Board is unable to verify your scores, you will be required to request the scores be sent directly to the Board.)
- ☐ If you are/were registered in another state, have a certification letter/letter of good standing send directly to the Board at the above address.
- ☐ If applicable, attach required letter and documents:
 - ☐ Letter explaining the details of the offense.
 - ☐ Certified Court documents (or a certified statement from the requested source if these documents are not available)
 - ☐ Arrest reports
 - ☐ Probation reports

The average time for review of a complete application is 8 weeks; factors, such as fingerprint clearance, can vary processing time.

Fingerprint Procedures:

Before the Medical Board of California can issue a registration, a criminal record clearance must be received from both the state Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

DOJ has implemented Live Scan, an electronic fingerprinting system with a subsequent automated background check and response. Since Live Scan is administered by DOJ, scanning sites are only located in California. A listing of those locations, the hours of operations, and the local agency fees can be found at: <http://ag.ca.gov/fingerprints/publications/contact.pdf>.

You must request the Live Scan form by contacting the Board at (916) 263-2382 (option 1) or via e-mail at webmaster@medbd.ca.gov.

Take the preprinted Live Scan form to a scanning site. In addition to the \$66 processing fee, the scanning site may charge a "rolling fee". All required fees must be paid at the time of service. Once the scanning process is complete, the Live Scan operator will give you parts 2 and 3 of the form. It is your responsibility to send the Board a copy of the form along with your application.

If there is no location reasonably close to you, contact the Board to request fingerprint cards. If you use the paper and ink fingerprint cards, you must return them to the Board with the \$66 processing fee.

**MEDICAL BOARD OF CALIFORNIA****LICENSING PROGRAM**

1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2382 FAX: (916) 263-2567
www.caldocinfo.ca.gov



APPLICATION FOR REGISTRATION AS A SPECTACLE LENS DISPENSER Please print or type. Illegible applications will be returned.	FOR OFFICE USE ONLY Fee paid: _____ Receipt #: _____ Date Cashiered: _____ Cashier's Intl.: _____ Date Approved: _____ Reg. No.: _____ Date Denied: _____
Name (first, middle, last):	
Address:	
Telephone Number: FAX Number:	Telephone: () FAX: ()
Date of Birth:	
Social Security Number:	
Have you ever been registered by this Board as a Spectacle Lens Dispenser? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Registration #: _____	
Have you ever been registered in another state? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____	
Have you ever taken the American Board of Opticianry (ABO) Examination? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ City/State: _____	
If taken outside of California, you must have ABO send your exam results directly to the Board. All applicants must have taken and passed the Registry Examination of the American Board of Opticianry. Applicants must make their own arrangements to take the examination. Contact ABO directly at 1-800-296-1379 or 1-703-719-5800.	
Have you ever been convicted of or pled nolo contendere to a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> Documents Attached: <input type="checkbox"/> You are required to report any conviction that has been set aside and dismissed under Section 1203.4 of the Penal Code or under any other provision of law. A letter explaining the details of the offense is required. You must also provide certified court documents, arrest and probation reports.	
Are you employed by a business that is registered as a Dispensing Optician? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, do not continue with this application; you are not eligible for registration. Business and Professions Code, Section 2559.1 states in part: "On and after January 1, 1998, no individual may fit and adjust spectacle lenses unless the registration requirement of Section 2550 is complied with..." Section 2550 requires registration of dispensing optician (RDO) businesses. In order to assure compliance with this requirement, the following information must be provided: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Business Name: _____</div> <div style="width: 45%;">Registration Number: D- _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">Address: _____</div> <div style="width: 45%;">Telephone #: _____</div> </div> <div style="margin-top: 10px;">City/State/Zip: _____</div>	

All items in this application are mandatory; none are voluntary. This information is requested by the Division of Licensing of the Medical Board of California. Failure to provide any of the requested information may result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for registration, pursuant to Section 2559.2 of the Business and Professions Code, which authorizes the collection of this information. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at the above address. Information in this application may be transferred to other governmental or law enforcement agencies.

Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 U.S.C.A. 405(c)(2) (C)) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

BOTH PAGES OF THIS FORM MUST BE COMPLETED

T O P O F P H O T O	<p align="center">INSTRUCTIONS:</p> <p>Photographs must be of studio quality with <u>head and shoulders areas only</u>, with features distinct. Photographs must have a plain white background and must have been <u>taken within the last 12 months</u>:</p> <p align="center"><u>PHOTO AREA</u></p> <p>In a horizontal orientation, paste a 3 ½ " x 5" photograph, with the top of the photo placed to the left.</p> <p align="center">Complete and sign the affidavit to the right.</p> <p>Proof photos, negatives, digital, or polaroid-type photos are NOT acceptable.</p>	B O T T O M O F P H O T O
	<p align="center">PHOTO DECLARATION</p> <p>I hereby declare under penalty of perjury under the laws of the State of California, that the photo of myself attached hereto, was taken on or about _____, 20____;</p> <p>my age then being _____ years;</p> <p>my color of hair _____;</p> <p>my color of eyes _____;</p> <p>my height _____ ft. _____ in.;</p> <p>my weight _____;</p> <p>and identifying marks are _____</p> <p>_____</p> <p>_____</p> <p align="center">Applicant's Signature:</p> <p>_____</p>	

APPLICANT'S DECLARATION/SIGNATURE AND NOTARY
(To be completed in the presence of a notary.)

I, _____, being first duly sworn upon his/her oath deposes and says:
(PLEASE **PRINT** FULL NAME OF APPLICANT)

that I certify under penalty of perjury under the laws of the State of California, that the information in this application, including supporting documentation, is true and correct.

SIGNATURE OF APPLICANT: _____
(PLEASE SIGN FULL NAME)

Sign and Sworn before me this _____ day of _____, _____ at _____, California.
(month) (year) (city)



Signature of Notary Public

Address

My commission expires: _____